

Commitment to Equal Employment Opportunity

Louisville Metro Ordinance 140, Series 1988 addresses participation by certified minority owned, certified female owned, and certified handicapped owned business entities. Utilization by the General Contractor of certified minority owned, certified female owned, and certified handicapped owned business entities as Subcontractors and/or Suppliers, if this contract requires or warrants the use of subcontractors and/or suppliers, is encouraged and **will be a consideration** in evaluating and determining the award of this contract.

When subcontracting for this work, the Bidder shall make **good faith efforts** to expend a minimum of fifteen percent (**15%**) of the total dollar amount of the contract with certified **minority** business enterprises ("MBEs"), five percent (**5%**) of the total dollar amount of the work with certified **female** business enterprises ("FBEs") and point five percent (**.5%**) of the total dollar amount of the work with certified **handicapped** business enterprises ("HBEs") in accordance with Louisville Metro Ordinance, Series 1988. MBEs, FBEs and HBEs may be used as construction subcontractors/vendors, suppliers or for professional services.

In evaluating bids, Louisville Metro will consider whether the General Contractor has made the required **good faith effort** by obtaining bids from minority owned, female owned and handicapped owned subcontractors. Acceptable proof of a good faith effort is a return mail receipt or a written "NO BID" response from certified minority owned, female owned or handicapped owned business entities. Leaving phone messages is not acceptable. General Contractors must include bids from subcontractors within 24 hours of the bid opening as described in the attached directions. Invitations for bid and **Subcontractors/suppliers cannot be changed** without the approval of the Agency Director and the Louisville Metro Human Relations Commission Executive Director.

The Successful Bidder: (1) Shall have an approved Affirmative Action Plan; (2) Shall furnish the Louisville Metro a copy of all subcontractors on all city jobs; (3) Shall be required to furnish monthly workforce analysis; (4) Shall give the Louisville Metro representative access to the worksite; and (5) Shall give the Louisville Metro representative reasonable access to Contractors' personnel records.

The contract shall be awarded to the **responsive and responsible** bidder whose bid is the **best evaluated bid price**.

Failure to fully complete all pages in the Invitation for Bid regarding the utilization and availability of minority, female and handicapped owned subcontractors SHALL deem this a non-responsive bid.

The lowest responsive, responsible bidder must provide a copy of the signed proposal from each MBE/WBE/HBE participant, stating the terms of the Agreement between the Bidder and the MBE/WBE/HBE within fifteen (15) days of the bid opening or within such other time as determined in writing by the Louisville Metro Human Relations Commission.

All questions regarding Ordinance 140, Series 1988 and contractor pre-qualification and certification should be directed to the Louisville Metro Human Relations Commission at 502-574-3631.

Directions for Completing Louisville Metro's MFHBE Utilization Forms

The MFHBE utilization forms will determine your good faith effort in terms of soliciting participation by minority, female and handicapped owned businesses.

Failure to properly complete and timely return the MFHBE utilization forms shall deem your bid as non-responsive.

The MFHBE utilization forms consist of the following documents:

1. **Subcontractor Exclusion Statement:** Form to be completed if you will employ no subcontractors and/or suppliers in fulfilling this agreement.
2. **MFHBE Availability Verification:** Form to be completed if you will employ subcontractors and/or suppliers in fulfilling this agreement.
3. **Waiver of Utilization:** Form to be completed if good faith effort does not achieve the Metro Louisville's MFHBE utilization goals.
4. **MBE/FBE/HBE Unavailability Verifications:** Form to be completed by you and the solicited subcontractor and/or supplier as evidence that you sought a price quote.

I. General Points to Remember

- Ignore the "Subcontractor Exclusion Statement" if there is a need for subcontractor or supplier utilization on this project. If subcontractor and/or supplier work is required for your bid, you need to complete the documents explaining your MFHBE subcontractor and/or supplier utilization.
- When writing information about your subcontractors and /or supplier, supply all requested information (*vendor name, MBE/FBE/HBE status, type of work, \$ value, % of total bid price*).
- If you are a **minority, female, or handicapped owned company** bidding on this project as a general contractor, you must **still make a good faith effort** to solicit and secure participation from 15% MBEs and 5% FBEs and .5% HBEs.
- If you need names and phone numbers of MBEs, FBEs or HBEs that specialize in certain trades please Louisville Metro Human Relations Commission at 574-3631.
- Remember to complete every line; do not leave any unnecessary blanks.

II. Instructions for Unavailability Verifications

- **The "Unavailability Verifications" must be completed by You AND the unavailable contractor.** The unavailable contractors/supplier completes the bottom portion of the form to verify that you have solicited a price quote from his/her business. If the subcontractor/supplier wants to maintain a working relationship with you for future projects, he/she should have no problem completing the sheet and returning it to you.
- **Use only one (1) Unavailability Verification per contractor.** For an Unavailability Verification to be ruled responsive, it should be fully completed by you and one contractor. Make additional copies as needed for other contractors.

III. Deadline for Submission of MFHBE Utilization Forms

- **Properly completed MFHBE utilization forms are due 24 hours after the bid opening.** The MFHBE forms must be **turned in to Kellie Watson**, in the Louisville Metro Human Relations Commission, 410 W. Chestnut Street, Suite 300A **by 3:00 p.m. on the day following the bid opening.**

SUBCONTRACTOR EXCLUSION STATEMENT

COMPLETE THIS FORM ONLY IF SUBCONTRACTORS WILL NOT BE USED DURING THE COURSE OF THIS AGREEMENT.

The Bidder agrees to perform all work involved in this contract without the utilization of subcontractors and/or suppliers. If, after this contract is awarded, the bidder requires the work of subcontractors and/or suppliers to fulfill the contract obligation, the bidder shall furnish information required by Louisville Metro to indicate the minority owned, female owned, and handicapped owned business enterprises which it intends to utilize as subcontractors. In evaluating bids, Louisville Metro will consider whether the General Contractor has made the required **good faith effort** by obtaining bids from minority owned, female owned and handicapped owned subcontractors and/or suppliers. Breach of this commitment constitutes breach of the bidder's contract if awarded.

The Bidder agrees that subcontractors/suppliers shall not be used for work on this contract without the express written consent of the Louisville Metro. The undersigned hereby certifies that he or she has read the terms of this statement and is authorized to bind the bidder to the statement herein set forth.

Witness, the agreement of the bidder to the terms of this Statement. Failure of the bidder to sign this Statement shall deem this bid non-responsive.

Name of Company

Project Name

Bid Number

Dollar Amount of Bid

Name of Authorized Officer

Date

Signature of Authorized Officer

Title

IF SUBCONTRACTOR/SUPPLIER WORK IS REQUIRED IN THIS CONTRACT BID, FAILURE TO COMPLETE THE PAGES REGARDING MFHBE UTILIZATION AND AVAILABILITY SHALL BE CAUSE FOR FINDING THE BID NON-RESPONSIVE.

MFHBE AVAILABILITY VERIFICATION

_____ does commit itself that on the following project:
PRIME BIDDER _____

PROJECT NAME		BID NUMBER	TOTAL PROJECT AMOUNT	
NAME OF MFHBE	MBE/FBE/HBE	TYPE OF WORK	DOLLAR VALUE	PERCENTAGE

The bidder agrees to furnish information required by Louisville Metro to indicate the MFHBEs which it intends to utilize. Breach of this commitment constitutes breach of the bidder's contract if awarded.

The undersigned will enter into a formal agreement with the identified minority, female and handicapped owned firms for work listed in this schedule conditioned upon execution of contract with the Louisville Metro.

Subcontractors and other persons and organizations proposed by the bidder and accepted by the Louisville Metro must be used on the work for which they were proposed and accepted and **shall not be changed except with the written approval of the Louisville Metro**. The undersigned hereby certifies that he or she has read the terms of this MFHBE Availability Verification and is authorized to bind the bidder to the terms herein set forth.

Witness, the agreement of the bidder to the terms of this Statement. Failure of the bidder to sign this Statement shall deem this bid non-responsive.

NAME OF AUTHORIZED OFFICER

DATE

SIGNATURE OF AUTHORIZED OFFICER

TITLE

FAILURE TO COMPLETE THE PAGES REGARDING MFHBE UTILIZATION AND AVAILABILITY SHALL BE CAUSE FOR FINDING THE BID NON-RESPONSIVE.

PLEASE COPY ADDITIONAL MFHBE FORMS AS NECESSARY.

WAIVER OF UTILIZATION

The bidder has made a **good faith effort** to identify MBEs, FBEs and HBEs that can perform work or supply material but was unable to secure the services of sufficient MBEs, FBEs or HBEs (circle one or more) to meet the Louisville Metro’s goals for the following reasons:

Name of Company

Name of Authorized Officer

Date

Signature of Authorized Officer

Title

FAILURE TO COMPLETE THE ABOVE SHALL BE CAUSE FOR FINDING THE BID NON-RESPONSIVE.

The bidder has made a good faith effort to identify MBEs, FBEs and HBEs that can perform subcontract work, supply materials or provide services under this contract, but the bidder is unable to reach the Louisville Metro’s MFHBE utilization goals at this time. In evidence of this, some MBEs, FBEs, and/or HBEs contacted were unable to perform work under this contract, as indicated in the **attached Unavailability Verification(s)**.

Kellie Watson, Executive Director
Louisville Metro Human Relations Commission

Date

MFHBE UNAVAILABILITY VERIFICATION

A separate Unavailability Verification form must be prepared for each business contacted.
Make additional copies of form if needed.

Check the applicable MFHBE below.

MINORITY OWNED BUSINESS _____
FEMALE OWNED BUSINESS _____
HANDICAPPED OWNED BUSINESS _____

I, the undersigned, certify that I contacted the following MFHBE contractor to obtain a bid for work items to be performed on the:

Name of Contract

Name of MFHBE contacted

Date Contacted: _____

Contacted by (circle one): Certified Mail, Phone, Fax Transmission, In Person

Type of Work Sought From Contractor (circle one): Unit Price, Materials & Labor, Labor Only

To the best of my knowledge and belief, said contractor was unavailable for work on this project, or unable to prepare a bid, for the following reason(s):

PRIME BIDDER NAME

NAME OF CERTIFYING OFFICER

TITLE OF CERTIFYING OFFICER

SIGNATURE OF CERTIFYING OFFICER

DATE

I, the undersigned, confirm that the business listed below was offered an opportunity to bid on the work by the prime bidder as listed above. The above statement is a true and accurate explanation of the failure to bid on this project:

NAME OF MFHBE CONTRACTOR

DATE AND METHOD CONTACTED BY PRIME BIDDER

NAME OF MFHBE OFFICER

TITLE OF MFHBE OFFICER

SIGNATURE OF MFHBE OFFICER

DATE

SUBCONTRACTOR USE

LIST ALL SUBCONTRACTORS AND SUPPLIERS THAT WILL BE USED ON THIS PROJECT. THIS LIST MUST INCLUDE NON-MINORITY OWNED, NON-FEMALE-OWNED, OR NON-HANDICAPPED OWNED BUSINESSES AS WELL AS ALL MBEs, FBEs AND HBEs.

Subcontractor Company

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Fax Number: _____

E-Mail: _____

Project Name: _____

Project Bid Number: _____

Is your company certified minority or female owned? Y/N _____

If yes, list certification _____

Type of work to be performed: _____

Estimated Start Date: _____

Estimated End Date: _____

Amount of Subcontract: _____

Every subcontractor or supplier for this project must be listed. Please make additional copies for each subcontractor used.